

RPSCF  
1-1  
9/8/14



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

REGION X	SITE NUMBER (to be assigned by HQ)
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**GENERAL INSTRUCTIONS:** Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Monsanto Co.		B. STREET (or other identifier) 9229 E. Marginal Way S.	
C. CITY Seattle	D. STATE WA	E. ZIP CODE 98108	F. COUNTY NAME King
G. SITE OPERATOR INFORMATION		2. TELEPHONE NUMBER	
1. NAME Monsanto Co.			
3. STREET	4. CITY St. Louis	5. STATE MO	6. ZIP CODE
H. REALTY OWNER INFORMATION (if different from operator of site)		2. TELEPHONE NUMBER	
1. NAME			
3. CITY		4. STATE	5. ZIP CODE

I. SITE DESCRIPTION

J. TYPE OF OWNERSHIP

<input type="checkbox"/> 1. FEDERAL	<input type="checkbox"/> 2. STATE	<input type="checkbox"/> 3. COUNTY	<input type="checkbox"/> 4. MUNICIPAL	<input checked="" type="checkbox"/> 5. PRIVATE
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II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.).	B. APPARENT SERIOUSNESS OF PROBLEM
	<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE
C. PREPARER INFORMATION	
1. NAME W. Douglas Smith	2. TELEPHONE NUMBER (206) 442-1106
3. DATE (mo., day, & yr.) 11-21-79	

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION		
1. NAME W. Douglas Smith	2. TITLE Inspector	4. TELEPHONE NO. (area code & no.) (206) 442-1106
3. ORGANIZATION EPA		
B. INSPECTION PARTICIPANTS		
1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
John Conroy	DOE	885 - 1900

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Mal Miller	Tech. Service Dept. Super. 764-4450	



## INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Monsanto		9229 E. Marginal Way S., Seattle	VL sludge, liquid VBLs

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Monsanto		9229 E. Marginal Way S. Seattle	sludge, solid

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
Belington,	8-424-6210	Oregon

## G. DATE OF INSPECTION

(mo., day, &amp; yr.)

11-21-79

## H. TIME OF INSPECTION

9:30 am

## I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

## J. WEATHER (describe)

overcast - high 40's F.

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

*none taken*

## B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

*none taken*



## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

1. TYPE OF PHOTOS *not permitted*☒ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

## D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS:*in file for area map only.*

## E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

## V. SITE INFORMATION

## A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):

(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

☐ 1. NO☒ 2. YES (specify generator's four-digit SIC Code): 2869

## C. AREA OF SITE (in acres)

≈ 5

## D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☒ 2. YES (specify): *offices, sheds, production, storage*

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

'X'	A. TRANSPORTER	'X'	B. STORER	'X'	C. TREATER	'X'	D. DISPOSER
<input checked="" type="checkbox"/>	1. RAIL	<input checked="" type="checkbox"/>	1. PILE		1. FILTRATION	<input checked="" type="checkbox"/>	1. LANDFILL
	2. SHIP	<input checked="" type="checkbox"/>	2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
<input checked="" type="checkbox"/>	3. BARGE	<input checked="" type="checkbox"/>	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
<input checked="" type="checkbox"/>	4. TRUCK	<input checked="" type="checkbox"/>	4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/>	4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):	<input checked="" type="checkbox"/>	6. BIOLOGICAL TREATMENT		6. INCINERATION
				<input checked="" type="checkbox"/>	7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
				<input checked="" type="checkbox"/>	8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

- ☐ 1. STORAGE
 ☐ 2. INCINERATION
 ☐ 3. LANDFILL
 ☐ 4. SURFACE IMPOUNDMENT
 ☐ 5. DEEP WELL
- ☒ 6. CHEM/BIO/PHYS TREATMENT
 ☐ 7. LANDFARM
 ☐ 8. OPEN DUMP
 ☒ 9. TRANSPORTER
 ☐ 10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. LIQUID
 ☒ 2. SOLID
 ☒ 3. SLUDGE
 ☒ 4. GAS
 

## B. WASTE CHARACTERISTICS

☒ 1. CORROSIVE
 ☐ 2. IGNITABLE
 ☐ 3. RADIOACTIVE
 ☐ 4. HIGHLY VOLATILE
 
☐ 5. TOXIC
 ☐ 6. REACTIVE
 ☐ 7. INERT
 ☒ 8. FLAMMABLE
 ☐ 9. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

*yes - Shipping manifests are available for inspection*



## WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT 800 000	AMOUNT 10,000 lbs	AMOUNT 10-15,000	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE gallons/month	UNIT OF MEASURE pounds/month	UNIT OF MEASURE pounds/month	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS <i>Production variable</i>	<input type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER(specify):	<input type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input checked="" type="checkbox"/> (2) ASBESTOS <i>&lt;100 lbs year</i>	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER(specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMELTING WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER(specify): <i>Vanalin Black Liquors. per month</i>			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER(specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER(specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input checked="" type="checkbox"/> (8) HALOGENS	<i>less than 100 lbs./yr.</i>	
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER(specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
Asbestos	<input checked="" type="checkbox"/>				?				<?>	
Sulfuric Acid Concen.		X		X						
Caustics		X		X						
Foam master 1119 dispersant		X		X						
Microbiocides	X	X		X						
Alcohol		X								
Bisulfate										

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS



## VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☐ D. CONTAMINATION OF WATER SUPPLY☐ E. CONTAMINATION OF FOOD CHAIN☐ F. CONTAMINATION OF GROUND WATER☐ G. CONTAMINATION OF SURFACE WATER

**I. HAZARD DESCRIPTION (continued)**

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE



## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

# VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS				
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input type="checkbox"/> 2. COMMUNITY (specify town): _____ > 15 CONNECTIONS		
<input type="checkbox"/> 3. SURFACE WATER <input type="checkbox"/> 4. WELL		



Continued From Page 8

**X. WATER AND HYDROLOGICAL DATA (continued)****H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE**

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

**I. RECEIVING WATER**

1. NAME

☐ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

**XI. SOIL AND VEGETATION DATA**

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER**XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED**

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
	2. CLAY				
	3. GRAVEL				

**XIII. SOIL PERMEABILITY**☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)**G. RECHARGE AREA**☐ 1. YES☐ 2. NO

3. COMMENTS:

**H. DISCHARGE AREA**☐ 1. YES☐ 2. NO

3. COMMENTS:

**I. SLOPE**

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

**J. OTHER GEOLOGICAL DATA**

## XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
	METRO	7107	Feb-1979	10-15-82	X		

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE    ☐ YES (summarize in this space)

Unknown

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.



**LANDFILLS SITE INSPECTION REPORT**  
(Supplemental Report)

**INSTRUCTION**  
Answer and Explain  
as Necessary.

1. EVIDENCE OF SITE INSTABILITY (*Erosion, Settling, Sink Holes, etc*)

☐ YES ☒ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL

☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK

☐ YES ☒ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL

☐ YES ☒ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED

☒ YES ☐ NO

6. EVIDENCE OF PONDING OF WATER ON SITE

☐ YES ☒ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING

☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (*If "Yes", specify Type*)

☐ YES ☐ NO

8a. SURFACE LEACHATE SPRING

☐ YES ☐ NO

9. RECORDS OF LEACHATE ANALYSIS

☐ YES ☐ NO

10. GAS MONITORING

☒ YES ☐ NO

11. GROUNDWATER MONITORING WELLS

☐ YES ☐ NO

12. ARTIFICIAL MEMBRANE LINER INSTALLED

☐ YES ☐ NO

13. SPECIFIC CONTAINMENT MEASURES (*Clay Bottom, Sides, etc.*)

☒ YES ☐ NO *concrete embankment lagoons*

14. FIXATION (*Stabilization*) OF WASTE

☐ YES ☐ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY

☒ YES ☐ NO

16. COVER (*Type*)

*asphalt*

16a. THICKNESS

*>3"*

16b. PERMEABILITY

*0*

16c. DAILY APPLICATION

☐ YES ☒ NO

**SURFACE IMPOUNDMENTS SITE INSPECTION REPORT**  
(Supplemental Report)

**INSTRUCTION**  
Answer and Explain  
as Necessary.

1. TYPE OF IMPOUNDMENT

*oil seep with open top*

2. STABILITY/CONDITION OF EMBANKMENTS

*excellent*

3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)

☐ YES ☒ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE

☒ YES ☐ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT

☒ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT

☒ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM

☒ YES ☐ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED

☒ YES ☐ NO

7b. FINDINGS

*excellent system for fuel grade oil in amount generated*

8. SOIL STRUCTURE AND SUBSTRUCTURE

9. MONITORING WELLS

☐ YES ☒ NO

10. LENGTH, WIDTH, AND DEPTH

LENGTH *12-15'* WIDTH *6-8'* DEPTH *8'*

11. CALCULATED VOLUMETRIC CAPACITY

12. PERCENT OF CAPACITY REMAINING

*40%*

13. ESTIMATE FREEBOARD

*4'*

14. SOLIDS DEPOSITION

☐ YES ☒ NO

15. DREDGING DISPOSAL METHOD

16. OTHER EQUIPMENT



**STORAGE FACILITIES SITE INSPECTION REPORT**  
(Supplemental Report)

**INSTRUCTION**  
Answer and Explain  
as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE

☒ YES ☐ NO

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE

☒ YES ☐ NO

3. EVIDENCE OF LEAKAGE /OVERFLOW (If "Yes", document where and how much runoff is overflowing or leaking from containment)

☐ YES ☒ NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS

*above ground storage tanks - 15*

5. GLASS OR PLASTIC STORAGE CONTAINERS USED

☐ YES ☒ NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS

*from several hundred gallons to several hundred thousand gallons.*

7. NOTE LABELING ON CONTAINERS

*Caustic  
flammable  
Bisulfite*

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS (If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)

☐ YES ☒ NO

9. DIRECT VENTING OF STORAGE TANKS

☐ YES ☒ NO

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

☐ YES ☒ NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

☐ YES ☐ NO *undiscernable in some cases*

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES

☒ YES ☐ NO

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS

☒ YES ☐ NO



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

SITE NUMBER (to be assigned by HQ)



NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <i>Monsanto Company</i>		B. STREET (or other identifier) <i>9229 E. Marginal Way S.</i>	
C. CITY <i>Seattle</i>	D. STATE <i>WA</i>	E. ZIP CODE <i>98108</i>	F. COUNTY NAME <i>King</i>
G. OWNER/OPERATOR (if known) 1. NAME <i>Monsanto, St. Louis</i>		2. TELEPHONE NUMBER <i>Seattle</i> <i>(206) 764-4450</i>	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION <i>manufacture of rubber Vanillin / by products are Caustic and black liquor</i>			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <i>EPA - Eckhardt Study</i>			K. DATE IDENTIFIED (mo., day, & yr.) <i>7/79</i>
L. PRINCIPAL STATE CONTACT 1. NAME <i>John Conroy DOE, Redmond</i>		2. TELEPHONE NUMBER <i>885-1900</i>	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: <i>Nov 79</i> b. WILL BE PERFORMED BY: <i>EPA/State</i> <input type="checkbox"/> 3. SITE INSPECTION NEEDED (low priority) a. TENTATIVELY SCHEDULED FOR:  b. WILL BE PERFORMED BY:  <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION		
1. NAME <i>N. Thompson</i>	2. TELEPHONE NUMBER <i>442-1260</i>	3. DATE (mo., day, & yr.)

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): <i>2869</i>	
C. AREA OF SITE (in acres) <i>20</i>	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <i>plant and office</i>	

# I. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input checked="" type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input checked="" type="checkbox"/> 9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

# V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☒ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

*Shipping papers*

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT <i>800,000</i>	AMOUNT <i>10000</i>	AMOUNT <i>10,000 - 15000</i>	AMOUNT <i>Variable</i>	AMOUNT <i>&lt; 100</i>	AMOUNT
UNIT OF MEASURE <i>gal/mo</i>	UNIT OF MEASURE <i>lbs/mo.</i>	UNIT OF MEASURE <i>lbs/mo.</i>	UNIT OF MEASURE	UNIT OF MEASURE <i>lbs/yr.</i>	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	<input checked="" type="checkbox"/> (2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify): <i>Vanillin Black liquor</i>			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			<input checked="" type="checkbox"/> (8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

*Caustic, heavy metals. - asbestos -*

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

*Eckhardt Study.*

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION ✓

REGION SITE NUMBER

10

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <b>MONSANTO COMPANY</b>	B. STREET <b>9229 E. MARGINAL WAY So.</b>	
C. CITY <b>SEATTLE</b>	D. STATE <b>WAY</b>	E. ZIP CODE <b>98108</b>

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

<sup>Copper</sup>  
HAZARD IS ASSOCIATED WITH TRACE AMOUNTS OF CU TIED UP AS <sup>and Cu</sup> CuSO<sub>4</sub> IN CARBONATE WASTE. WASTE NOW GOES TO A CHEMICAL WASTE LANDFILL. PAST PRACTICES INCLUDE BURIAL ON-SITE AND DISPOSAL IN PRIVATE LANDFILL. NO HAZARD EXPRESSED WITH PAST PRACTICES.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME

**NEIL THOMPSON**

2. TELEPHONE NUMBER

**442-1260 (FIS 399 -)**

3. DATE (mo., day, & yr.).

**2/4/80**

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

## IV. REMEDIAL ACTIONS

**A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site):** List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**B. LONG TERM STRATEGY (On Site and Off-Site):** List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$

HAZARDOUS WASTE SITES  
EVALUATION OF SECTION 311 CLEANUP REQUIREMENTS  
ENVIRONMENTAL EMERGENCY SECTION  
EPA - REGION X

SITE IDENTIFICATION			
Site Name: <b>Monsanto Co.</b>	Street: <b>9229 E. Marginal Way S.</b>		
City: <b>Seattle</b>	State: <b>WA</b>	Zip: <b>98108</b>	County: <b>King</b>
PRINCIPAL EVALUATOR			
Name: <b>R. Fullner</b>	Title: <b>T A T L</b>		
Organization: <b>E/E</b>		Telephone Number: <b>624-9537</b>	
METHOD OF EVALUATION			
On-Site Inspection <input type="checkbox"/>	Review of reports and information <input checked="" type="checkbox"/>		
Date:	Date: <b>2-25-80</b>		
EVALUATION INFORMATION			
1. a. Is there evidence of a discharge/seepage from the site?	Yes	No <input checked="" type="checkbox"/>	Unknown
b. Indicate the nature of the evidence: <ul style="list-style-type: none"> <li><input type="checkbox"/> Visible flow/seepage.</li> <li><input type="checkbox"/> Odors detectable in soil/water outside of site boundaries.</li> <li><input type="checkbox"/> Stains/discoloration of soil/water around site.</li> <li><input type="checkbox"/> Sample analysis.</li> <li><input type="checkbox"/> Other:</li> </ul>			
2. a. Is there a substantial threat of discharge/seepage from the site?	Yes	No <input checked="" type="checkbox"/>	Unknown
b. Indicate the nature of the evidence: <ul style="list-style-type: none"> <li><input type="checkbox"/> Dikes or other containment structures are inadequate/lacking.</li> <li><input type="checkbox"/> Waste materials are visible on the site surface.</li> <li><input type="checkbox"/> High groundwater table.</li> <li><input type="checkbox"/> Leaking containers, standing liquids, are visible.</li> <li><input type="checkbox"/> Inadequate site security.</li> <li><input type="checkbox"/> Other:</li> </ul>			
Note: If you answered no to both question 1 and 2, proceed to question 7.			



3. a. Is there evidence that the actual or potential discharge/seepage is entering or could enter navigable waters of the United States?

Yes

No

Unknown

b. Indicate the nature of the evidence:

☐ Discharge/seepage observed entering a navigable water.

Name of water body: \_\_\_\_\_

☐ Land contour and drainage patterns indicate that, during rainstorms, material could be expected to enter navigable waters.

Name of water body: \_\_\_\_\_

☐ Other: \_\_\_\_\_

4. a. Is the material in item 3 above a designated hazardous material according to 40CFR116?

Yes

No

Unknown

b. How was this determined?

☐ Sample analysis.

☐ From available information concerning materials handled or disposed of at the site.

☐ Other: \_\_\_\_\_

5. Has the owner/operator of the facility been identified?

Yes

No

Unknown

6. Will the owner/operator take proper action to eliminate the actual or potential discharge?

Yes

No

Unknown

7. In your opinion, is this site eligible for cleanup under section 311?

Yes

No

Potential

8. Comments:

Attachments:

\_\_\_\_ Photo(s)

\_\_\_\_ Map(s)

\_\_\_\_ Analytical Results

\_\_\_\_ Other: